

GETAC Injury Prevention Committee
February 18, 2015

Call to Order/Role Call

Texas EMS and Trauma Acute Care Foundation (TETAF) and Texas Trauma Coordinator Forum Reports

Courtney Edwards: TTCF discussed the EMS and Trauma Day at the capitol with the intent of education of trauma system in the state of Texas.

Focusing on ways to release the trauma funding. Discussed current bill filing, including the several distracted driving bills. Looking for one single bill with appropriate components for distracted driving. TTCF continues with the Just Drive campaign. It is continuing to move forward with interest from national groups such as ENA. There will be a TIPS (Trauma and Injury Prevention Conference) in August at Dell Children's. First half of the conference is focused on VIP knowledge foundation. The second half is specific VIP program information. This morning, there was education from the Trauma Survivors network, (ATS based) This movement focuses on current trauma patients, peer support, peer to peer interactions, and peer involvement in the community. Trauma survivors are also taught advocacy. Currently a Texas peer trauma network is being developed through TTCF and TETAF.

Shelli noted that the TIPS conference is a good way to advance and develop the professional IP role.

Chris Drucker provided **Texas Injury Indicator Report**. The CDC has an annual injury indicator report.

He introduced Erin Cator who gave the report. Consists of 2012 trauma data. It will be on DSHS website.

See report

Of note in Texas:

14,592 deaths due to trauma

Mostly male ages 25-35

Top 5 mechanism of injury causing fatalities: TBI, MVC, suicide, firearms and overdose/poisonings

Falls, MVC, TBI top three mechanisms for trauma hospitalizations

Death certificate documents are used for death data

Dr Leon gave a report on **2013 Hospital Trauma Registry Data** requested by the committee

See report

Of note in Texas:

132,796 admissions costing greater than a billion dollars

57% were white

1-10 days of hospital admission for the length of stay. Discussion by committee with concern that many patients stay longer than 10 days. Dr. Drucker noted what is reported on is based on data that is in the registry. This could be due to limitations of the registry in 2013 with regards to larger files/formatting not being accepted or

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mapped correctly in the registry. His team will investigate where the gaps are in this process. Dr. Drucker noted that today the registry has been improved.

Of note in Texas:

The registry confirmed that white males were the highest injured population.

White males also were the highest population of traumatic deaths.

In fact, Texas males are nearly 2 times likely to die versus females

Highest MOI in the state: falls in younger ages, MVC in teens, and falls again in the older population

Unintentional injuries are 76% of all injuries, with falls and MVC being number one and two of that group

Intentional injury includes cut/pierce and firearm 66% of intentional injury.

Intentional and fatal MOI is firearms

For falls- younger males have higher rates of falls (both fatal and non-fatal) until around the age of 54. Then females have the higher rate.

Suicides- both complete and incomplete: 19.4% were males and 10.3% females

Dr. Sheno--- How do we validate the data?

Dr. Drucker noted they are trying to match NTDB data.

Courtney—are more agencies and hospitals submitting data?

Drucker commented that DSHS is receiving more data now. There is also an increase in the number of entities that are submitting.

Susan—are you comparing with NTDB?

Dr. Drucker- not sure if there is a way to compare or verify the data is the same as the NTDB (i.e. comparing submission from one hospital to DSHS and the NTDB)

Drucker said that compliance responsibility goes to another committee

The reports that are being produced including annual reports are mimicking NTDB reports

State Child Fatality Review Team Update: Amy Bailey

CFRT—drowning prevention workgroup is new.

Information regarding an RFP will be out in the next few months. There is data from multiple sources, including trauma registry, hospitals etc.

Announced a prevent child abuse conference. CFRT is participating and has a track scheduled for 2/22 involving training for the CFRT.

They have an abstract accepted with recommendations to reduce child fatalities and abuse in children. It should be public next week.

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Consideration of implementation and evaluation of the hospital based IP components.

Formal document for the development of hospital based IP programs.

Available on GETAC website.

IP workgroup met this past January and worked on the evaluation of use and implementation these components. The document is currently being promoted among several RACs, TTCF, and TETAF committees. A questionnaire will be distributed to these groups to evaluate the implementation and use of the document. It will be evaluated the next 1-2 years. Some considerations will be if hospital based programs are being developed and/or changed as a result of this document. Also, how is it impacting the hospital IP sector across the state?

The document contains substantial knowledge resources including where to find them.

Solicit IRB exemption to peruse a white paper. The committee is working on a mechanism to distribute the survey for the evaluation. The document is for all level trauma centers. It is beneficial to all, and a living document, subject to updates and changes. Stewart noted th Safe States Alliance (national platform) is reviewing the document. This document has the potential to be a foundational product It can be used to promote IP professional development for organizational leadership.

We are partnering with many professional trauma groups such as the STN, ACS, etc.... to advance the VIP effort nationally.

National and state IP conferences: Stewart Williams:

DFW March 11-13 drowning prevention alliance conference.

National Lifesavers: Highway safety will be in Chicago March 15-17. MVC, pedestrian, bike, distracted driving injuries and patterns will be the focus. Large conference

Austin- National Safety Council: March 30-31 (has a discount code) Capitol hill visit the second day

Safe States "Creating a Culture of Safety" April 29 -May 1 in Atlanta Georgia.

Dr. Sheenoi noted child passenger safety seat tech. courses are available with minimal or no costs. 5 days.

Summer institute- John Hopkins May 31-June 3 "Principles and Practice of IP"

"Demonstrating Impact with Mixed Methods" includes program evaluation follows the first session.

2016 world VIP conference will be in Finland

Injury Free Texas website: Shelli Stephens-Stidham

Includes information about evidence-based policy.
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Texas legislature is available every other year. The site is topic specific.
Still working on some sections.
The site directs to CDC website when there isn't much information.
Funded by N Carolina
Check the orange book requirements for policy-making criteria

Successes of this committee and the strategic plan: are complete
Waiting for more GETAC direction

Next workday meeting: April 24 9a-1p at Texas Children's Hospital in Houston

Comment

Dr. Sheno- reported drowning study in Harris is done
70% of drowning's are in pools/ more in apartments. They are surveying
apartments where these have been mapped out. Currently analyzing the data.

CHAT has identified pediatric IP efforts in the state. Sheno looking at involving and
coordinating efforts with RACs and EMSC. Coordinated by Sam Vance. There is a
partnership with SafeKids. Stressed the value of partnerships and coalitions.

In May, Sam Vance will be providing updates from EMSC

IP committee encourages evidence informed activities
Shelli—will bring "Vision 0" program information in the May meeting. This is an
initiative that suggests we have 0 deaths in the area of transportation. It is a
comprehensive and inclusive approach being utilized. Human behavior will always
be imperfect. The group is focused on engineering and policy for injury prevention.

Linda Jones-now working in HHSC— on traumatic brain injury. March is brain
injury awareness month. **Need to add to the agenda for the next meeting.**
Include information for the Injury Free Texas website.

Adjourned at 205 p.